

30X SEQ - A

**PATENT APPLICATION**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Docket No: 01017/36263

**PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. 1.53**

**Box Patent Application**  
**Assistant Commissioner for Patents**  
**Washington, D.C. 20231**

JC678 U.S. PTO  
09/422838  
10/22/99

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): Chuan-Fa Liu, Ulrich Feige, and Janet Cheetham

Title: THROMBOPOIETIC COMPOUNDS

**1. Type of Application**

- ☒ This is a new application for a
- ☒ utility patent.
- ☐ design patent.
- ☐ This is a continuation-in-part application of prior application no.

**2. Application Papers Enclosed**

- 1 Title Page
- 57 Pages of Specification (excluding Claims, Abstract, Drawings & Sequence Listing)
- 9 Page(s) of Claims
- 1 Page(s) of Abstract
- 6 Sheet(s) of Drawings (Figs. 1 to 6)
- ☐ Formal
- ☒ Informal
- 17 Page(s) of Sequence Listing

**CERTIFICATION UNDER 37 CFR 1.10**

I hereby certify that this Patent Application Transmittal and the documents referred to as enclosed therewith are being deposited with the United States Postal Service on **October 22, 1999**, in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231 utilizing the "Express Mail Post Office to Addressee" service of the United States Postal Service under Mailing Label No. EM362734115US.

  
Richard Zimmermann

Case	Age	Sex	Occupation	Duration of illness	Site of lesion	Pathological changes	Microscopic findings	Diagnosis
1	25	M	Teacher	1 year	Brain	Chronic	Neuronal loss, gliosis	Alzheimer's disease
2	65	F	Homemaker	6 months	Brain	Acute	Neuronal loss, inflammation	Frontotemporal dementia
3	72	M	Retired	3 years	Brain	Chronic	Neuronal loss, amyloid plaques	Alzheimer's disease
4	58	F	Teacher	1 year	Brain	Chronic	Neuronal loss, gliosis	Alzheimer's disease
5	78	M	Retired	2 years	Brain	Chronic	Neuronal loss, amyloid plaques	Alzheimer's disease
6	68	F	Homemaker	1 year	Brain	Chronic	Neuronal loss, gliosis	Alzheimer's disease
7	75	M	Retired	1 year	Brain	Chronic	Neuronal loss, amyloid plaques	Alzheimer's disease
8	70	F	Homemaker	1 year	Brain	Chronic	Neuronal loss, gliosis	Alzheimer's disease
9	73	M	Retired	1 year	Brain	Chronic	Neuronal loss, amyloid plaques	Alzheimer's disease
10	71	F	Homemaker	1 year	Brain	Chronic	Neuronal loss, gliosis	Alzheimer's disease

- #### 4. Additional Papers Enclosed

- ☐ Preliminary Amendment
- ☒ Information Disclosure Statement with accompanying form PTO-1449
- ☐ Declaration of Biological Deposit
- ☒ Computer readable copy of sequence listing containing nucleotide and/or amino acid sequence with Statement Under 37 C.F.R. 1.821
- ☐ Microfiche computer program
- ☐ Verified statement(s) claiming small entity status under 37 CFR 1.9 and 1.27
- ☐ Associate Power of Attorney
- ☐ Verified translation of a non-English patent application
- ☒ An assignment of the invention
- ☒ Return receipt postcard
- ☐ Other

**5. Priority Applications Under 35 USC 119**

Certified copies of applications from which priority under 35 USC 119 is claimed are listed below and

- ☐ are attached.
- ☐ will follow.

COUNTRY	APPLICATION NO.	FILED

**6. Filing Fee Calculation (37 CFR 1.16)**

**A. ☒ Utility Application**

CLAIMS AS FILED - INCLUDING PRELIMINARY AMENDMENT (IF ANY)						
			SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	NO. FILED	NO. EXTRA	RATE	FEE	RATE	FEE
BASIC FEE				\$380.00		\$760.00
TOTAL	33-20	= 13	X 9 =	\$	X 18 =	\$234.00
INDEP.	1-3	= 0	X 39 =	\$	X 78 =	\$0.00
<input checked="" type="checkbox"/> First Presentation of Multiple Dependent Claim			+ 130 =	\$	+ 260 =	\$260.00
Filing Fee:				\$	<b>OR</b>	\$1,254.00

**B. ☐ Design Application (\$155.00/\$310.00)** Filing Fee: \$ \_\_\_\_\_

**C. ☐ Plant Application (\$240.00/\$480.00)** Filing Fee: \$ \_\_\_\_\_

**D. Other Fees**

☐ Recording Assignment [Fee -- \$40.00 per assignment] \$ \_\_\_\_\_

☐ Petition fee for filing by other than all the inventors  
or person on behalf of the inventor where inventor refused  
to sign or cannot be reached [Fee -- \$130.00] \$ \_\_\_\_\_

☐ Other \$ \_\_\_\_\_

**Total Fees Enclosed \$1,254.00**

7. **Method of Payment of Fees**

- ☒ Enclosed check in the amount of: \$1,254.00
- ☐ Charge Deposit Account No. 13-2855 in the amount of: \$ \_\_\_\_\_  
A copy of this Transmittal is enclosed.
- ☐ Not enclosed

8. **Deposit Account and Refund Authorization**

The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 37 CFR 1.17 or under other applicable rules (except payment of issue fees), to Deposit Account No. 13-2855. A copy of this Transmittal is enclosed.

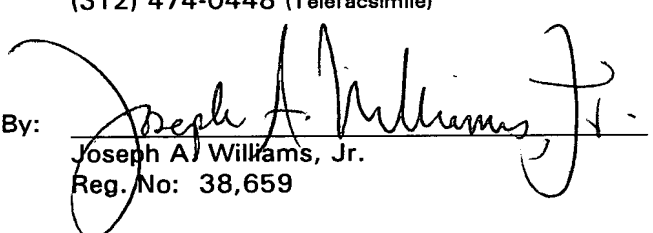
Please refund any overpayment to Marshall, O'Toole, Gerstein, Murray & Borun at the address below.

Please direct all future communications to Joseph A. Williams, Jr., at the address below.

Respectfully submitted,

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By:

  
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October 22, 1999